AFTER HOSPITALIZATION: TREATMENT SUPPORT OF ALCOHOLICS*

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TWO motives that characterize alcoholics are of definite interest to those who design treatment services and systems: to drink and not to drink. A consideration of these motives reveals why posthospitalization support is critical.

In the normal course of events in the life of an alcoholic the motive to drink is high while the motive not to drink is low. Crises of various kinds operate largely on the motive not to drink but leave the motive to drink unaffected. For example, an arrest for driving while intoxicated will often increase the strength of the motive not to drink but the strength of the motive to drink may undergo only a slight, temporary decrease or none at all.

In effect, the best that can be expected from various crises and interventions with an alcoholic, and even perhaps of early treatment, is *motivational conflict*—the alcoholic patient at these points wants both to drink and not to drink. A major goal of long-term treatment is to resolve this motivational conflict by increasing the strength of the motive not to drink while decreasing the strength of the motive to drink.

While satisfactory resolution of this major motivational conflict may, at first blush, appear relatively straightforward and simple to achieve, it is, in fact, complicated by paradox and nonobvious considerations. Hence, resolution of this conflict takes considerably more time than is available in most inpatient treatment settings.

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Motive Arousal

Many events, both internal and external, arouse these motives and contribute to their strength at given points in time. The motive to drink is over-determined and its strength is affected by any or all of the following: the expectation that drinking will reduce hangover symptoms and lessen or ward off withdrawal symptoms; various emotional states concerned with anger, fear, anxiety, depression, guilt, feelings of futility, helplessness, meaninglessness in life, self-pity, and resentments; and drops in self-esteem and increases in negative self-regarding attitudes, self-perceptions of failure, and feelings of incompetence.

On the other hand, the motive not to drink can be aroused either by negative incentives or by positive incentives. Negative incentives are as follows: humilations and embarrassments of various kinds such as scoldings from parents, spouses, teachers, and superiors; rejection by friends, neighbors, acquaintances, and loved ones; desertion by spouses; job loss; physician warnings concerning alcohol-related diseases; arrests and confinements.

Negative events (as a substantial body of research on punishment in general shows) *temporarily* suppress highly motivated behavior. In effect, negative events arouse the motive not to drink but do not maintain it. Moreover, it is probable that such events also arouse the motive to drink by their negative impact on self-esteem. Negative incentives may also trigger off various emotional states an alcoholic has associated with drinking in the past, e.g., guilt, anger, anxiety, depression.

In contrast to negative incentives, positive incentives result in substantial and sustained increases in the motive not to drink. Positive incentives include such things as social support and recognition for not drinking, positive reinforcement for holding beliefs, values, and attitudes that enhance and maintain a sober lifestyle, and positive reinforcement for changes in behavior associated with continued sobriety rather than destructive drinking.

Examples of beliefs that maintain a sober life-style are as follows: Alcohol is a nonselective general depressant drug with the potential to do great harm to an alcoholic's health and social functioning; once dependency on alcohol has occurred, the risks involved in attempting to drink in a moderate fashion are too high to justify further drinking; and alcoholism is a disease rather than a moral issue.

Value changes often associated with continued sobriety are rigorous honesty with self, development of a spiritual rather than materialistic

orientation to the purpose of life, recognition of the importance of sharing with others and of caring for them, and valuing sobriety in and of itself as a state of being in the world that makes everything else possible for an alcoholic.

Attitude changes that enhance sobriety are such things as adopting an optimistic rather than pessimistic outlook, attempting to hold nonprejudicial and tolerant attitudes toward others, and developing realistic expectations toward self and others.

Behavioral changes that lead to sustained sobriety may involve one or more of the following: occupation, marriage and family, interpersonal relationships generally, leisure activities, life-style.

Aftercare as an Essential Treatment Component

As the preceding discussion makes clear, recovery from alcoholism is a lengthy and complex process. Only a portion of this process can be achieved during the course of a typical inpatient stay. Hence aftercare is an essential component of alcoholism treatment services.

Aftercare Planning

Planning for aftercare should begin at the time a patient is admitted to an inpatient program. Along with other assessments at admission, a preliminary aftercare assessment should be done as well. For patients whose aftercare plans may center around placements in community residences or other specialized programs, aftercare planning upon admission rather than at the time of discharge can often ease problems associated with waiting lists at other facilities or programs. Moreover, aftercare assessment and planning upon admission may also permit inpatient staff to set priorities among multiple treatment goals, highlight particular treatment issues, and prepare patients properly for particular aftercare experiences.

Types of Aftercare

A variety of aftercare experiences and activities are possible in alcoholism treatment.

Alcoholics Anonymous. Virtually all patients should be encouraged to try meetings of Alcoholics Anonymous in their home communities after inpatient treatment has ended. Patients should be encouraged to "shop around" for a meeting that meets their needs rather than to give up in

discouragement after a single unsatisfactory experience. Alcoholics Anonymous is not a monolithic organization, and meetings can differ enormously in terms of format, style, group atmosphere, individual personalities, and group dynamics.

Efforts should also be made to have family members of the patient try out meetings of Alanon and Alateen. Alanon is available in most communities to serve the needs of the spouse, adult children, and other significant relationships of the alcoholic patient. Alateen is active in some communities for the older children of an alcoholic family. In terms of providing effective, stable, and enduring social support systems for the alcoholic and his or her family members, Alcoholics Anonymous, Alanon, and Alateen have been unsurpassed in American society for the past several decades.

Outpatient transition groups. Outpatient transition groups are a form of aftercare services commonly used to meet the needs of patients moving from inpatient programs back to their communities. While it is generally believed that such groups are an effective form of aftercare treatment, virtually no empirical studies of effectiveness have been accomplished. Such groups generally meet on a once-a-week basis for periods ranging from three to six months. Discussion in such groups generally centers upon the patient's transition form the hospital experience to community and family living.

Outpatient clinic care. In some instances aftercare services may consist of formal outpatient clinic resources. Among the advantages of formal clinic services are the following: Continued close monitoring of medications and response to these; medical follow-up and treatment of alcohol-related illnesses uncovered during inpatient treatment; the possibility of longer-term intensive psychotherapy or one-to-one counseling when indicated; continued intensive group therapy experiences over a longer period of time.

Family treatment services. For many alcoholic patients, intensive family treatment services are not possible during the inpatient phase of treatment. Marital therapy, for example, may not prove productive until the patient has achieved a reasonably solid sobriety and the family situation has had time to stabilize.

The period after hospitalization is often the most reasonable time to offer a variety of important family-oriented treatment experiences for many alcoholic patients. For some patients, family treatment sessions involving marital couples groups, multiple family group therapy, or family

systems therapy may begin shortly after discharge from inpatient treatment. For other patients, however, such treatment should be delayed for periods ranging from six months to several years before constructive use and positive outcomes can be expected.

In matters involving family treatment, the issue of *timing* of treatments is crucial. Treating clinicians need to assess each family unit carefully with regard to the appropriate times that particular family treatments may be undertaken.

Relapse prevention. A significant portion of aftercare activities should be addressed to the issue of relapse prevention. As gains are made in the scientific prediction of relapse, it will prove possible to identify patients at risk and to plan aftercare treatments accordingly. Relapse prevention counseling, crisis intervention with sober alcoholics and their families, and rehospitalization of sober patients for brief periods are important activities and services that should become routine parts of aftercare programs in the near future.

Unfortunately, it is often the case that an abstinent alcoholic must drink in order to gain access to inpatient services. In a rational system, abstinent alcoholics experiencing unusual periods of stress associated with such unfortunate life crises as the death of a spouse or child, loss of livelihood, divorce, or some other significant trauma should be able to gain access to inpatient services without becoming intoxicated.

Services for sober alcoholics. At the present time, services for alcoholics are addressed largely to the alcoholic crises. Most of our treatment is addressed to the early stage of recovery and it is largely assumed that after a year or two of sobriety the need for services is over. In actuality, continuing treatment needs are evident in many alcoholics even five to 10 years after initial recovery.

The treatment needs of sober alcoholics and their families are not known with certainty, but observation suggests that these are considerable. It appears that many sober alcoholics both want and would benefit from such things as individual psychotherapy, marital therapy, family treatment, and general psychological growth experiences. However, it also appears that most alcoholics who would benefit from such deeper therapeutic experiences would prefer to receive them from practitioners who are knowledgeable and experienced in alcoholism.

SUMMARY

This paper has reviewed the reasons why alcoholism treatment is a complex and lengthy process. The need for aftercare services and the types of services that should be made available are discussed.